

CITY OF BOULDER BUSINESS LICENSE APPLICATION  
SALES/USE TAX - ADMISSIONS - ACCOMMODATIONS LICENSE

City of Boulder - Finance Department  
Tax and License Office; #303-441-3050  
P.O. Box 791; 1777 Broadway  
Boulder, Colorado 80302  
www.bouldercolorado.gov/licensing

Official Use Only:

Lot size \_\_\_\_\_ Zoning \_\_\_\_\_  
Zoning Review \_\_\_\_ Approved \_\_\_\_ Denied  
Signature \_\_\_\_\_

Owner Name \_\_\_\_\_  
DBA (Doing Business As) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Type of Location (Check one)      Commercial      Home Based \*  
(\*Note: Home Based, Restaurant, Medical Marijuana, or Alcohol Businesses must also complete Zoning Form)

Type of Business (Check One)  
Sole Proprietor      Corporation      Limited Liability Company  
Partnership      Limited Liability Partnership  
Other (Explain) \_\_\_\_\_

Nature of Business (Describe Briefly) \_\_\_\_\_

Phone (    ) \_\_\_\_\_ FAX(    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Start of Business Operation in Boulder    \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day /Year - REQUIRED)

Contact for Audit Records \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

TYPE OF LICENSE

Sales & Use Tax License (\$25)

(For reporting purposes, please check all categories that apply)

Retail	Restaurant
Wholesale	Contractor
Service	Manufacturing

Admission License (\$25)

Seating Capacity \_\_\_\_\_

Accommodation License (\$25)

Number of Rooms \_\_\_\_\_

FILING PERIOD (Please indicate which filing period applies)

If amount remitted is:

Over \$300 per month  
\$15.01 - \$300 per month  
Up to \$15 per month

Filing period is:

Monthly  
Quarterly  
Annual

SIC CODING (Please check the category(ies) that best describes your business activity. See General Information Regarding)  
Please note that the categories below may differ from the use categories found in the City of Boulder's Land Use Regulations.

Food Stores (5400)	Transportation/Utilities (4000)
Eating Places (5800)	Services (7000)
Apparel Stores (5600)	Construction/Contractors (15/16/1700)
Home Furnishings (5700)	Hotels/Lodging (7060)
Consumer Electronics (5734)	Admissions (7970)
Building Material – Retail (5200)	Wholesalers
Automotive Trade (5500)	Manufacturers
General Retail (5900)	Other not listed above
Computer Related Business (3573/7371-7379)	

Please provide a **detailed description** of the nature of your business:

OWNER INFORMATION

Owner Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_ E-Mail \_\_\_\_\_

MAIL TO AND CONTACT PERSON/COMPANY

Contact Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_ E-Mail \_\_\_\_\_

OTHER INFORMATION

Federal ID # or Social Security # \_\_\_\_\_

State Tax License # \_\_\_\_\_

(You will also need to contact the Colorado Department of Revenue for a State Sales Tax License).

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Please make checks payable to "City of Boulder"

\*\*\* It may take up to 4 weeks for licensure \*\*\*

**CITY OF BOULDER BUSINESS LICENSE APPLICATION  
SALES/USE TAX - ADMISSIONS - ACCOMMODATIONS LICENSE**

**ATTACHMENT FOR BUSINESS LICENSES:  
ZONING CONFIRMATION FORM**

City of Boulder – Planning & Development Services  
1739 Broadway, 3<sup>rd</sup> Floor  
P.O. Box 791, Boulder, Colorado, 80306  
(303) 441-1880

The information provided on this form is intended to help specify the use category of the business operation. Please note that the type of business specified for Standard Industrial Coding (SIC) and sales tax licensing may be different than the use category determined for planning purposes.

**GENERAL DATA**

(To be completed by the applicant.)

**PROPERTY**

- Street Address: \_\_\_\_\_
- Lot Area (in square feet or acres): \_\_\_\_\_ Existing Zoning: \_\_\_\_\_
- Existing Use of Property: \_\_\_\_\_
- Is this application a renewal of current sales tax license?(check one) ☐ New ☐ Modification

**PROPOSED USE**

- Business Name: \_\_\_\_\_
- Description of proposed use (Include as applicable, proposed use, if it is a home occupation business, and summarize type of business activity):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

- Name of Owner or Representative: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FAX: \_\_\_\_\_
- Size of Business (in square feet): \_\_\_\_\_
- Hours of Operation: \_\_\_\_\_
- Use Category (see page 2): \_\_\_\_\_

**Complete all applicable portions of page 2 of this form and return this form with your sales tax application.**

**I have read and understood and agree to all of the conditions in this 2 page form. I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that in filing the application I understand that there may be additional reviews required to complete the planning process.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Use Category: \_\_\_\_\_  
Previous Reviews: \_\_\_\_\_  
**Further Discretionary Review Required:** \_\_\_\_\_

☐ **For Restaurant Businesses:**

- Total Business Size (in square feet): \_\_\_\_\_ Number of Interior Seats (if applicable): \_\_\_\_\_
- Size of Outdoor Patio (in square feet): \_\_\_\_\_ Number of Patio Seats (if applicable): \_\_\_\_\_
- Hours of Operation: \_\_\_\_\_
- Use Category (see page 3): \_\_\_\_\_

☐ **For Home Occupation Businesses:**

I, \_\_\_\_\_, understand the provisions of the Home Occupations Statute (Title 9, Chapter 6-3 (e) of the Revised Code of the City of Boulder) which are listed below, and agree that all actions at my home located at \_\_\_\_\_, will be in conformance with these regulations. The nature of my home occupation business is as described in the description of proposed use herein.

Title 9, Chapter 6-3 (e) Home Occupations.

(a) Standards. A home occupation is a permitted accessory use if the following conditions are met.

- (1) Such use is conducted entirely within a principal or accessory building and is not carried on by any other person other than the inhabitants living there.
- (2) Such use is clearly incidental and secondary to the residential use of the dwelling and does not change the residential character thereof.
- (3) The total area used for such purposes does not exceed one-half the first floor area of the user's dwelling unit.
- (4) There is no change in the outside appearance of the dwelling unit or lot indicating the conduct of such home occupation, including without limitation, advertising signs or displays.
- (5) There is no sale of materials or supplies except incidental retail sales.
- (6) There is no exterior storage of material or equipment used as part of the home occupation.
- (7) No equipment or process is used in such home occupation that creates any glare, fumes, odors, or other objectionable condition detectable to the normal senses at boundary of the lot if the occupation is conducted in a detached dwelling unit, or outside the dwelling unit if conducted in an attached dwelling unit.
- (8) No traffic is generated by such home occupation in a volume that would create a need for parking greater than that which can be accommodated on the site or which is consistent with the normal parking of the district.

(b) Prohibitions. No person shall engage in a home occupation except in conformance with all of the requirements of subsection (a) of this section.

☐ **For Medical Marijuana Businesses:** ☐ New Application ☐ Modification to an Existing Application

- Size of Business (in square feet): \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_
- Use Category (please check one): ☐ Medical marijuana business, Personal Service ☐ Medical marijuana business, Greenhouse/Nursery ☐ Medical marijuana business, Manufacturing

☐ **For All City Businesses:**

- Will you allow consumption of alcohol on your business premise: \_\_\_\_\_
- Will you obtain a liquor license from the state or city for alcohol service: \_\_\_\_\_